

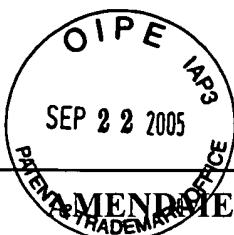
4 TFA

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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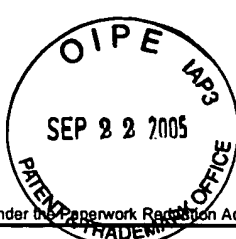
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/629,756-Conf. #6804
	Filing Date	July 30, 2003
	First Named Inventor	Takayuki HATTORI
	Art Unit	1711
	Examiner Name	R. A. Sergeant
Total Number of Pages in This Submission	Attorney Docket Number	2927-0152P

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature	<i>Robert E. Gagner #42,593</i>		
Printed name	for Andrew D. Meikle		
Date	September 22, 2005	Reg. No.	32,868



AMENDMENT TRANSMITTAL LETTER				Docket No. 2927-0152P	
Application No. 10/629,756-Conf. #6804		Filing Date July 30, 2003		Examiner R. A. Sergent	
				Art Unit 1711	
Applicant(s): Takayuki HATTORI et al.					
Invention: CONDUCTIVE URETHANE COMPOSITION, CONDUCTIVE ROLLER COMPOSED OF CONDUCTIVE URETHANE COMPOSITION					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	17	- 20 =	0	x 0.00	
<b>Independent Claims</b>	1	- 3 =	0	x 0.00	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within third month					1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,020.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 1,020.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<i>Robert E. Cozyne # 421593</i> for Andrew D. Meikle Attorney Reg. No.: 32,868				Dated: September 22, 2005	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					



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<b>FEE TRANSMITTAL</b> For FY 2005		<b>Complete if Known</b>	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/629,756-Conf. #6804
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 30, 2003
		First Named Inventor	Takayuki HATTORI
		Examiner Name	R. A. Sergent
		Art Unit	1711
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	2927-0152P
(\$)		1,020.00	

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
17	- 20 = 0	x 0	= 0.00			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 3 = 0	x 0	= 0.00			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00

<b>SUBMITTED BY</b>			
Signature	<u>Robert E. Gaerem</u> #43,593	Registration No. (Attorney/Agent)	32,868
Name (Print/Type)	Andrew D. Meikle	Telephone	(703) 205-8000
		Date	September 22, 2005